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7590

05/07/2004

Mary-Elizabeth Buckles, Esq.
 REED SMITH LLP
 East Tower - Suite 1100
 1301 K Street, N.W.
 Washington, DC 20005-3317



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/986,633	11/09/2001	Chien Ho	002547/20118/DIV2	5945

TITLE OF INVENTION: LOW OXYGEN AFFINITY MUTANT HEMOGLOBINS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CARLSON, KAREN C	1653	514-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Reed Smith LLP
 2. _____
 3. _____

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Carnegie Mellon University

Pittsburgh, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 8

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-0582 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Mary-Elizabeth Buckles

6/24/04

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 02 FC:1504
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